## CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## RECEIVED STATEMENT OF ECONOMIC INTERESTS

2013 FEB -80XFRIPAGE

Agency Name City of Colfax Division, Board, Department, District, if applicable City Council  If filing for multiple positions, list below or on an attachment.  Agency. Planning Commission    State	or foreign of	(CIPCT)	it iii viit.	Please type or print in ink.
Agency Name City of Colfax Division, Board, Department, District, if applicable City Council  ► If filing for multiple positions, list below or on an attachment.  Agency:  Planning Commission  Position:  Commissioner  Position:  Commissioner  Commissioner  Commissioner  Position:  Commissioner  Council Member  Commissioner  Commissione	5	(LIVO1)	(LAST)	NAME OF FILER
Agency Name City of Colfax Division, Board, Department, District, if applicable City Council  ► If filing for multiple positions, list below or on an attachment.  Agency:  Planning Commission  Position:  Commissioner  Position:  Commissioner  Commissioner  Commissioner  Position:  Commissioner  Commissioner  Commissioner  Commissioner  Commissioner  Commissioner  Commissioner  County of  Coun		/kg.	Jason	McKinney
Agency Name  City of Colfax  Division, Board, Department, District, if applicable  City Council  Fiffiling for multiple positions, list below or on an attachment.  Agency:  Planning Commission  Position:  Commissioner  2. Jurisdiction of Office (Check at least one box)  State  Judge or Court Commissioner (Statewide Jurisdiction  Multi-County  County of  Check at least one box)  Annual: The period covered is January 1, 2012, through  December 31, 2012.  The period covered is, through  December 31, 2012.  Assuming Office: Date assumed, through  Candidate: Election year and office sought, if different than Part 1:  4. Schedule Summary  Check applicable schedules or "None."  Total number of pages including this cover page: 2	17026131	155532	ıcy, or Court	1. Office, Agency, or
Division, Board, Department, District, if applicable  City Council  If filing for multiple positions, list below or on an attachment.  Agency: Planning Commission  Position: Commissioner  Position: Commissioner  Position: Commissioner  Position: Commissioner  Division, Board, Department, District, if applicable Council Member  Position: Commissioner  Commissioner  Division, Board, Department, District, if applicable Council Member  Position: Commissioner  Division, Board, Department, District, if applicable Position  Position: Commissioner  Commissioner  Division, Board, Department, District, if applicable Position  Division, Board, Department, District, if applicable or Council Member  Position: Commissioner  Commissioner  County of				Agency Name
City Council  ► If filing for multiple positions, list below or on an attachment.  Agency:  Planning Commission  Position:  Commissioner  Commissioner  2. Jurisdiction of Office (Check at least one box)  State  Multi-County  City of Colfax   3. Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2012, through December 31, 2012.  The period covered is/, through December 31, 2012.  Assuming Office: Date assumed/, through December 31, 2012.  Assuming Office: Date assumed/, and office sought, if different than Part 1:  4. Schedule Summary Check applicable schedules or "None."  ► Total number of pages including this cover page:			ax	City of Colfax
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Agency: Planning Commission  Position: Commissioner  2. Jurisdiction of Office (Check at least one box)  State  Multi-County  City of Colfax   3. Type of Statement (Check at least one box)  Peember 31, 2012.  Or- The period covered is January 1, 2012, through December 31, 2012.  OThe period covered is January 1, 2012, through December 31, 2012.  Assuming Office: Date assumed/, through December 31, 2012.  Assuming Office: Date assumed/, through leaving office.  Candidate: Election year and office sought, if different than Part 1:		Council Member	<u> </u>	City Council
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Multi-County   County of     City of Colfax   Other			n of Office (Check at least one box)	2. Jurisdiction of Off
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Check applicable schedules or "None." ► Total number of pages including this cover page: 2		different than Part 1:	Election year and office sough	Candidate: Election
	2	2	Summary	4. Schedule Summar
		I number of pages including this cover page: $\frac{2}{3}$	ble schedules or "None."	Check applicable schedu
		Schedule C - Income, Loans, & Business Positions - scl		Schedule A-1 - Inves
Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached				
Schedule B - Real Property – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule	edule attached	Schedule E - Income - Gifts - Travel Payments - sched	3 - Real Property – schedule attached	Schedule B - Real P
-or-			-or-	
None - No reportable interests on any schedule		ests on any schedule	None - No reportable ir	

Comments:\_

## SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
McKinney, Jason

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Colfax Max	
Name	Name
555 S. Auburn St. Suite E Colfax, CA 95713	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Restaurant	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000// <u>12</u> /12	\$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000   Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION OWNER	
TOOK BUSINESS FOSITION	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
S0 - \$499 S10,001 - \$100,000	□ \$0 - \$499     □ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000 ☐ \$1,001 - \$10,000	\$500 - \$1,000 OVER \$100,000
	☐ \$1,001 - \$10,000
■ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None	None
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
A Social Services of Carolina Control	This case of the control of the case of th
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
S2,000 - \$10,000 S10,001 - \$100,000 / / 12 / / 12	\$2,000 - \$10,000   \$10,001 - \$100,000
S10,001 - \$100,000	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
——————————————————————————————————————	
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached